



# Residency Redetermination Form

## County & State

Return to: Registrar's Office  
 Bldg. 3 Rm. 353  
 assistant.registrar@cei.edu  
 208-535-5673

**Directions:** Please **READ ALL** instructions, **Complete the ENTIRE** form, and **ATTACH** copies of **ALL** requested **documentation**. Please print clearly and answer each question. Incomplete or illegible forms cannot be considered.

Falsification or intentionally erroneous information is subject to penalty of perjury under the laws of the State of Idaho.

All information will be kept confidential in accordance with the Family Education Rights and Privacy Act of 1974.

Qualifications for state and county residency must be met prior to the first day of the term for which the reclassification is desired. This worksheet and all required documentation must be **submitted by the 10<sup>th</sup> day of the term** in which reclassification is sought. Failure to provide documentation and the worksheet will result in denial of state/county residency.

### Student Information Section

Name: \_\_\_\_\_ CEI ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Email \_\_\_\_\_

Check which residency you are seeking to be reviewed:

District Residency     State Residency    Term/Year     Fall \_\_\_\_\_     Spring \_\_\_\_\_     Summer \_\_\_\_\_

### Select Either Dependent or Independent

<input type="checkbox"/> <b>Dependent</b> One or more of my parents or court appointed legal guardians ("parent/guardian") provides at least 50% of my financial support and has maintained a domicile in Idaho for at least 12 months prior to the start of the term for which I am seeking reclassification.	If you check this box, <b>your parent or legal guardian</b> must complete the Residency Section of this form, and provide proof of maintaining an Idaho domicile and provide copies of all requested supporting documentation.  <b>**Verification of your dependent status must be documented by submitting a true and correct copy of your parent/guardian's Idaho State income tax return for the most recent tax year.**</b>  (The extent of the disclosure required concerning the parent/guardian's state return is limited to the listing of dependents claimed and the signature of the taxpayer and shall not require disclosure of financial information contained in the returns.)
<input type="checkbox"/> <b>Independent</b> I receive less than 50% of my support from a parent/guardian, and have continuously resided and maintained a bona fide domicile in Idaho primarily for purposes other than educational for at least 12 months prior to the start of the term for which I am seeking reclassification.	If you check this box, <b>you or your spouse</b> must complete the Residency Section of this form, and provide all requested supporting documentation.  <b>**If you are claiming residency based on your spouse's residency status, you MUST attach a copy of your Marriage Certificate proving that you are a married couple. **</b>
<b>Armed Forces / Idaho National Guard</b>	
Are you, your spouse, parent or guardian a former member of the Armed Forces that served at least 2 years of active service and were honorably discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Attach the Member 4 copy of the service member's DD-214
Are you, your spouse, parent, or guardian a member of the Armed Forces currently stationed in Idaho on military orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Attach a copy of the service member's military order
Are you a member of the Idaho National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Attach a copy of the service member's assignment orders.
Are you, your spouse, parent, or guardian a member of the Armed Forces, entered service as an Idaho resident, have maintained Idaho resident status, and currently stationed outside of Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Attach a copy of the service member's military orders

## Residency Section

**Instructions:** If you qualify as a **DEPENDENT** student, your parent/guardian must complete this section. If you qualify as an **INDEPENDENT** student, you must complete this section. If your claim of residency is based on your **spouse**, they must complete this section.

**For District Residency:** You may provide any one of the documents listed in either Section A or B below.

**For State Residency:** Document requirements are explained in both Section A and B below.

All documentation must have the student or spouse or parent or guardians **name, the Idaho address, and be dated at least 12 months** prior to the start of the semester in which reclassification is sought.

**\*Do not leave any questions blank.** No decision can be made unless all questions are completed and all required documentation is submitted.

This section is being completed by:  
Print Name: \_\_\_\_\_

Parent                       Spouse  
 Legal Guardian           Student

Have you established County Residency at least 12 months prior to the start of the term for which residency is sought?  Yes  No

### Residency Section A

If you have any **ONE** of the following three documents, it is enough to qualify you for reclassification as a resident of Idaho.

1. Idaho State Tax Return Form 40 for the previous tax year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your State Tax Return for the past year. (W-2's do not work. Tax form 43 will qualify if the months in Idaho equal 12 consecutive months at time of review)
2. Independent students only: Have you purchased your current Idaho domicile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach proof of home ownership
3. Have you worked in Idaho full-time (40 hours per week) for at least 12 months prior to the start of the semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of your paycheck stubs proving at least 12 months of full-time employment for at least 40 hours per week <i>OR</i> Attach a letter from your employer showing your hire date and average hours worked per week. (W-2's will not work)

### Residency Section B

If you do not have one of the three documents listed in Residency Section A, you must provide at least FIVE documents that are not self-generated, and have the student, spouse, parent, or guardian's name, Idaho address, and are dated at least 12 months prior to the start of the semester for which reclassification is being sought. Below is a list of documents that will satisfy the requirements. (This is NOT a comprehensive list)

Do you have a valid Idaho Driver's License or State Issued ID card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your current driver's license or state issued ID card. (It CANNOT be expired)
Do you own any motor vehicles, RV's, travel trailers, boats, or mobile homes registered for at least 12 months in the county which you are requesting residence in?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of the Idaho Registration. (NOT the Title)
Are you registered to vote in Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your Voter Registration. (The Precinct card will NOT work)
Do you rent or lease a home/apartment in Idaho?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of the lease covering at least the 12 months prior to the start of the semester.
Do you have an Idaho Bank account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a copy of your bank statement. (A printout of your banking transactions will NOT work)
Did you work in Idaho part-time for at least 12 months prior to the start of the semester?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of your paycheck stubs proving at least 12 months of part-time employment <i>OR</i> attach a letter from your employer showing your hire date. (W-2's do NOT work)

### Student's Sworn Statement

By signing this form, I indicate that all statements set forth in this application are true to the best of my knowledge and belief and derived from documents submitted with this application. I also indicate that, if selecting the **INDEPENDENT** box, I have not been and will not be claimed as an exemption for income tax purposes by any person except myself or my spouse for the current and prior calendar year, and have not received and will not receive financial assistance in cash or in kind of an amount equal to or greater to the amount that would qualify me to be claimed as an exemption for income tax purposes by any person except myself or my spouse during the current or prior calendar year. I also indicate that, if selecting the **DEPENDENT** box, I have received at least 50% of my support from an Idaho resident that has claimed me as a dependent on his/her Idaho State Tax return for tax purposes. I understand that my residency is based on the documentation attached to this form provided by me, my spouse, my parent, and/or my guardian.

*By checking this box & submitting this form, I consent to providing my typed electronic signature in place of a handwritten signature.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### CEI Office Use Only

#### Document Checklist

Section A

- Document 1: \_\_\_\_\_

Section B

- Document 1: \_\_\_\_\_
- Document 2: \_\_\_\_\_
- Document 3: \_\_\_\_\_

Document 4: \_\_\_\_\_

Document 5: \_\_\_\_\_

#### Decision

Resident     Non-Resident     Dependent     Independent

Registrar Signature: \_\_\_\_\_

Date \_\_\_\_\_